

# **Executive Summary Report**

## **WIC Professional Staff Cultural Competency Assessment Survey**



**WIC and Nutrition Services  
Department of Health and Senior Services**

## **Executive Summary**

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The purpose of the 2006 Missouri WIC Professional Staff Cultural Competency Survey was to assess the level of cultural competence among local Missouri WIC agency staff and identify areas for improvement. This information will be used to develop future cultural competence training and resource materials that will assist WIC agencies in providing more culturally appropriate services. Prior to this study, the cultural competence of Missouri WIC staff had not been assessed.

The Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals – Revised (IAPCC-R), with a minor adaptation, was used (with permission of Dr. Campinha-Bacote) as the survey instrument for the 2006 Missouri WIC Professional Staff Cultural Competency Survey. The IAPCC-R was developed by Dr. Josepha Campinha-Bacote and is based on her model of cultural competence for health care providers ((Campinha-Bacote, 2003). The IAPCC-R consists of 25 items that measure her five interdependent cultural constructs of desire, awareness, knowledge, skill, and encounters, with five items addressing each of the five constructs (Campinha-Bacote, 2003, p.111). Although the IAPCC-R is designed to measure a person’s overall level of cultural competence, information regarding the level of understanding for each cultural construct is useful in determining conceptual gaps. Therefore, data was analyzed to provide scores, or percent understanding, by construct as well as an aggregate score for cultural competence. Individual construct questions where 50% or more staff chose answers worth one or two points on the likert scale are discussed as areas in need of improvement.

**Cultural desire:** The average score for questions relating to cultural desire was 80.3%. The data did not show specific areas for improvement. Professional staff appear to be motivated to engage in cross-cultural experiences and develop the cultural awareness, knowledge, skills necessary to become culturally competent.

**Cultural awareness:** The average score for questions relating to cultural awareness was 66.1%. Most professional staff indicated a limited understanding of “culture”. Staff could also benefit from an improved understanding of systemic barriers to seeking healthcare services, such as a lack of a professional interpreter services or availability of translated documents.

**Cultural knowledge:** Cultural knowledge is the area in greatest need of improvement. The average score for questions relating to cultural knowledge was 49.7%. Many staff are unfamiliar with the guiding principals, belief, and value systems of more than one cultural group. The majority of staff do not have a clear understanding of the potential differences in drug response attributable to a given ethnic group’s genetic, environmental (such as dietary factors), structural and cultural variations in drug response). They are also lacking knowledge regarding differences in expression of phenotype and genotype; and are not cognizant of diseases that have a higher incidence and prevalence among certain ethnic and racial groups.

**Cultural skill:** The average score for questions relating to cultural skill was 61.5%. Staff are in need of increased awareness regarding the cultural limitations of existing assessment tools. Most staff could benefit from learning about the cultural assessment tools available. Collecting cultural information requires a certain level of comfort and many staff do not feel comfortable asking questions of people with different backgrounds. WIC staff have a very clear understanding of the

relationship between culture and health. Although they are not familiar with cultural assessment tools, staff do recognize the importance of performing cultural assessments with people from ethnically diverse families.

**Cultural encounters:** The average score for questions relating to cultural encounters was 67.3%. Staff may benefit from having more multi-cultural experiences outside WIC; the majority of staff only interact with different cultural groups through work. Data shows that staff have a limited comprehension of intra-cultural variation. Many staff are aware of the need to improve their cultural competence skills and are seeking experiences to improve their effectiveness when working with different groups. Most staff indicated that they are able to maintain professional decorum and are not bothered by differences in values or beliefs.

**Level of Cultural Competence:** The aggregate mean score for staff was 65 points, which assess staff as “culturally aware”. Based on the Campinha-Bacote scale, none of the staff are “culturally proficient”; 9.5% are “culturally competent”; most 89.8% professional staff are “culturally aware”; and 0.7% are “culturally incompetent”.

### **Recommendations**

The following recommendations for the WIC program are based on survey data and analysis:

**1) Develop “Cultural Competency 201”:** In order to improve their level of cultural competence, WIC staff need greater cultural awareness, improved cultural skills, more cultural encounters, and additional cultural knowledge. Most of these areas, except for cultural encounters, can be addressed through additional training. The training should build upon the information presented in “Cultural Competency 101” – i.e. “Cultural Competency 201”. Since each WIC district serves a variety of different cultural groups, staff may learn more from a training that focuses on the cultural groups specific to their districts. Depending on the time and resources available, the training could address several or all of the topics common to every cultural group, as identified by Purnell. If the State WIC office were to develop a general training on specific cultural groups, the concept of intra-culture variation and a more inclusive definition of culture would have to be addressed.

**2) Create a cultural competence training module for new staff:** Cultural competence is not only an individual issue, but also an organizational issue. WIC agencies can promote cultural competence by developing a self-training or in-service module for all new and existing staff. Instituting a cultural competence training module communicates the importance of cultural competence to WIC staff while ensuring that all WIC families are treated with respect. The “Cultural Competency 101: Self-Assessment Checklist” created for the training binder would be a useful component.

This project was completed in collaboration with Constance Brooks, PhD., APRN, BC. and Teresa Curtis RD, MPH, Sinclair School of Nursing, University of Missouri – Columbia using the Federal Fiscal Year 2006 Operational Adjustment Grant.